**Application for Learner Fund Bursary**

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| **Current Early Years service:** |  | **DCYA reference number :** |  |

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| **Name:** |  | **Award for which bursary is claimed:****Graduating Year:** |  |
| **Phone:** |  |
| **Email:** |  |

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| **Beneficiary Pay Details: I**f approved, the bursary will be transferred to your bank account. In order to facilitate this, please provide the following details. |
| Account name: |  |
| BIC: |  | IBAN: |  |

**Please ensure you have attached a copy of your graduating certificate and photographic identification**

**Declaration:** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that:

1. I was working in a registered Early Years service at the point when I began the above course
2. I am currently working in a registered Early Years service.
3. I have not previously received public funding in support of my completion of this award.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All forms must be fully completed and returned BY POST OR BY HAND to your local CCC no later than 5PM on Tuesday November 7th  2017. Late applications will not be accepted. Incomplete application forms will not be accepted. All required documents must be attached to the application form.**